# Federal Agency **Pollution Removal Funding Authorization**

Recipient Agency	
Address	
Agency Locator Code (ALC)	
Agency DUNS	
Agency Tax ID	
Treasury Account Symbol (TAS)	
	the Recipient Agency from the Oil Spill Liability oval costs incurred in response to the following
	mber,
This funding authorization is expressly contin all requirements contained herein.	gent on the Recipient Agency's compliance with
Approved Functions and Reimbursement	<u>Limit</u>
	are directed or approved in advance by the FOSC. ent, restoration, rehabilitation or replacement of ot covered.
Maximum limit of authorization: \$	
Conditions	
See attached page(s) for scope of work, spec	cial conditions, date of performance.

## 3.

1.

2.

directions or approvals.

## 4. Period of Authorization

This authorization shall remain in effect until the completion date specified by the FOSC (which normally corresponds to the date of final removal activities).

# 5. Reimbursement Procedure

Upon completion of removal activities, the Recipient Agency will submit a SF-1080/1081 to the FOSC with detailed records of expenditures and activities for which reimbursement is sought. The agency may elect to use its own records providing an equivalent amount of documentation which has NPFC approval, or the agency may elect to use NPFC's Resource Cost Documentation package. The agency must submit the final request for reimbursement, supported by the required documentation, within 90 days following the completion date. If OMB Circular A-87 cost rates apply, cost certifications must be included. If at the end of the 90 days from final removal activities, there are any costs for which reimbursement has not been requested, written notice will be sent to the agency and 30 days later any balance remaining in the account will be deobligated.

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# 6. Accounting Data

7.

Project:	Organization:
Expenditure Type: 253014	Task:
Award Number:	
Points of Contact	

# Federal On-Scene Coordinator Telephone: FAX: E-mail: Recipient Agency Representative Telephone: FAX: E-Mail: NPFC Case Officer Telephone: FAX: E-Mail:

# 8. Authorizing Official

Federal On-Scene Coordinator

Signature:	Date
Signature.	Date

Attachments: (1) Scope of Work